

Name _____
QUALITY ASSURANCE MONITORING FORM
Type 2 Diabetes Mellitus

1. Does the individual have any of the following signs and symptoms?
- | | | |
|----|--|--------------------|
| a. | polyuria (excessive excretion of urine) | _____ yes _____ no |
| b. | polydipsia (excessive thirst) | _____ yes _____ no |
| c. | polyphagia (excessive ingestion of food) | _____ yes _____ no |
| d. | weight loss | _____ yes _____ no |
| e. | weakness | _____ yes _____ no |
| f. | fatigue | _____ yes _____ no |
| g. | frequent urination | _____ yes _____ no |
2. If yes to any of the above, has a recent fasting glucose level been done? _____ yes _____ no
Comments: _____
3. Has the individual had a post prandial glucose level been done? _____ yes _____ no
Comments: _____
4. Has the individual had a fasting glucose ≥ 126 mg/dL? _____ yes _____ no
Comments: _____
5. Has individual had a random or post prandial glucose ≥ 200 mg/dL? _____ yes _____ no
Comments: _____
6. Has individual been diagnosed with Type 2 Diabetes Mellitus? _____ yes _____ no
7. If diagnosed with Type II Diabetes, have any of the following been ordered?
- | | | |
|----|---|--------------------|
| a. | ADA diet | _____ yes _____ no |
| b. | Routine finger stick blood sugar | _____ yes _____ no |
| c. | Quarterly Hgb Alc | _____ yes _____ no |
| d. | Eye exam by ophthalmologist since diagnosis | _____ yes _____ no |
- Comments: _____
8. If fasting blood sugar ≥ 200 mg/dL or Hgb Alc > 7.0 , was an oral agent initiated? _____ yes _____ no _____ n/a
Comments: _____
9. If started on an oral agent, was Hgb Alc maintained @ ≤ 7.0 and fasting blood sugar ≤ 126 ? _____ yes _____ no _____ n/a
Comments: _____
10. Was insulin therapy initiated when oral agents failed to keep blood sugars below 126 mg/dL fasting and 200 mg/dL non-fasting? _____ yes _____ no _____ n/a
Comments: _____
11. Was a microalbumin done at the time of diagnosis and then annually? _____ yes _____ no
Comments: _____
12. If microscopic proteinuria was present, was an ACE inhibitor started? _____ yes _____ no _____ n/a
Comments: _____
13. Is there a documented foot exam at the time of diagnosis? _____ yes _____ no
Comments: _____
14. Is there a documented foot exam annually? _____ yes _____ no
Comments: _____

RECOMMENDATIONS: _____

SIGNATURE _____ DATE _____